

215037304
60210

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 3

1	Total Number of Vehicles	Local No./ District 78	Agency Case No. B5-085166	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y 09/14/2015		S M T W TH F S <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (In Military Time)		STATE USE ONLY
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	TIME OF ACCIDENT 0805	POLICE NOTIFIED 0810	09/14/2015
B	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. 14th/O-P		PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	ONE-WAY STREET? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE
C	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.		LONGITUDE
D	IF AT INTERSECTION			IF NOT AT INTERSECTION		
1	NAME OF INTERSECTING ROADWAY			X FEET <input type="radio"/> MILES N S E W OF NEAREST STREET, BRIDGE, RAILROAD CROSSING		
V1/M	14			150.00 X O St		
V2/M	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
E	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	
F	VEHICLE NO. 1					
1	DRIVER LICENSE NO.	37977898		STATE (Of License)	TX	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE
V1/N	DRIVER Jordan V Jones		PHONE 402.770.3881		LOCAL NO.	
V2/N	DRIVER ADDRESS 5535 T St., Lincoln, NE 68504		CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	08/22/1990
G	OWNER SUPERIOR SERVICE LLC		PHONE		LOCAL NO.	
3	OWNER ADDRESS 5840 N 70th, Lincoln, NE 68507		CITY, STATE, ZIP		CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO.
H	LICENSE PLATE	TE NO. RLR004	YEAR 2016	STATE (Of Plate)	NE	
V1/O	VEHICLE	2006	MAKE International H	MODEL 440	BODY STYLE Tractor with ser	COLOR white
1	VEHICLE ID NO. (VIN)	1HSMTAAN16H291568		INSURANCE COMPANY AMCO Ins. Co		ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 0
V2/O	TOWED TO	TOWED BY		POLICY NO. BAA 7245729129		
I	VEHICLE NO. 2					
1	DRIVER LICENSE NO.			STATE (Of License)		SEX <input type="radio"/> FEMALE <input type="radio"/> MALE
V1/P	DRIVER		PHONE		LOCAL NO.	
V2/P	DRIVER ADDRESS		CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	
J	OWNER		PHONE		LOCAL NO.	
01	OWNER ADDRESS		CITY, STATE, ZIP		CITATION <input type="radio"/> PENDING <input type="radio"/> YES <input type="radio"/> NO	CITATION NO.
V1/Q	LICENSE PLATE	NO.	YEAR	MAKE	MODEL	BODY STYLE
4	VEHICLE	2006	International H	440	Tractor with ser	white
V2/Q	VEHICLE ID NO. (VIN)	1HSMTAAN16H291568		INSURANCE COMPANY AMCO Ins. Co		ESTIMATED DAMAGE <input type="radio"/> TOALED \$
K	TOWED TO	TOWED BY		POLICY NO.		
01						
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)				DATE OF BIRTH (MM / DD / YYYY)	1 2 3 4 5	SEX M F
VEH. #	NAME	ADDRESS			1 Seat Position	2 Eject
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	3 Body Region	4 Injury Sev.
					5 Trans.	
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME		
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME		

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B5-085166



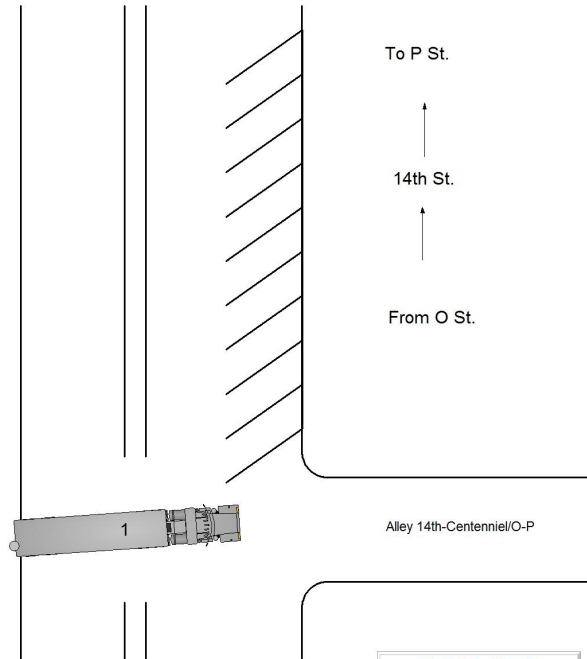
Indicate
North
by Arrow



POI:

Approx. 150' N of N of O St.
Approx. 1' W of W of 14th

No Skid Marks



Not To Scale

DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Driver of Vehicle 1 was backing V1 from the alleyway 14th-Centennial/O-P St.'s While backing the trailer of the truck hit an adjacent parking meter belonging to Park & Go/City of Lincoln, bending the post that the parking meter is on.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE
	Parking meter post	Park & Go City of Lincoln	850 Q St., Lincoln, NE 68508	402.441.7275	\$ 100
WITNESSES	NAME	ADDRESS	PHONE		
	NAME	ADDRESS	PHONE		

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA				AIRBAG DEPLOYED VEHICLE 1				RESTRAINT USE VEHICLE 1				TOTAL OCCUPANTS			
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME	VEHICLE 1		VEHICLE 2											
1				X	14th	POINT OF IMPACT	05	POINT OF IMPACT											
2						MOST DAMAGED AREA	00	MOST DAMAGED AREA											
1	02				06 Turning left														
2					08 Entering traffic lane														
					01 Essentially straight ahead														
					02 Backing														
					03 Changing lanes														
					04 Overtaking/ Passing														
					05 Turning right														
					09 Leaving traffic lane														
					10 Parked														
					11 Slowing or stopped in traffic														
					12 Other														
					13 Unknown														

OFFICER NO. 1195	TROOP/ TEAM/ BEAT 7	DEPARTMENT Lincoln Police Department	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) Jason Adams		INVESTIGATOR SIGNATURE Approved by Officer Jason Adams	DATE OF REPORT 09/14/2015

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Investigator's Supplemental Truck and Bus Accident Report

This form must be completed in **addition** to the DR Form 40, "Investigator's Motor Vehicle Accident Report," if any of the vehicles involved meet the criteria listed on the back of this form.

Sheet 3 of 3

LOCAL NO./DISTRICT 78		DATE OF ACCIDENT 09/14/2015		COUNTY Lancaster		CITY Lincoln		STATE USE ONLY		
AGENCY CASE NO. B5-085166		OCCURRED ON HIGHWAY/ROAD/STREET 14th/O-P								
TRUCK / BUS - 1										
DRIVER (Print or type full name) Jordan V Jones					CARRIER IDENTIFICATION 1 U.S. DOT 1077811			1 ICC MC		
CARRIER NAME (Print or type full name) Superior Service LLC					GROSS VEHICLE WEIGHT RATING (GVWR) or GROSS COMBINATION VEHICLE WEIGHT RATING (GCVWR) (Combined rating for vehicles and trailers) <input type="checkbox"/> 10,000 Lbs. or Less (Requires Haz Mat Placards) <input type="checkbox"/> 10,001 Lbs. – 26,000 Lbs. <input checked="" type="checkbox"/> More than 26,000 Lbs.					
CARRIER ADDRESS (Street or R.F.D.) 5840 N. 70th, Lincoln, NE 68507					CITY, STATE, ZIP					
TRAILER LICENSE PLATE No. XKF001		Year 2016		State NE		VEHICLE CONFIGURATION (Check one)			CARGO BODY TYPE (Check one)	
COMMERCE CLASSIFICATION (Check one) 1 <input type="checkbox"/> Interstate Commerce 2 <input checked="" type="checkbox"/> Intrastate Commerce 3 <input type="checkbox"/> Not Applicable		TRUCK WIDTH (Widest part of truck or trailer) 1 <input type="checkbox"/> 96 inches 2 <input type="checkbox"/> 102 inches 3 <input type="checkbox"/> Other (Specify) _____		DRIVER'S LICENSE CLASS CODE A <input checked="" type="checkbox"/> M <input type="checkbox"/> B <input type="checkbox"/> O <input type="checkbox"/> C <input type="checkbox"/>		2 <input type="checkbox"/> Single-Unit Truck (10,001–26,000 Lbs. GVWR) 3 <input type="checkbox"/> Single-Unit Truck (Greater than 26,000 Lbs. GVWR) 4 <input type="checkbox"/> Truck Tractor (bobtail) 5 <input checked="" type="checkbox"/> Truck with Trailer 6 <input type="checkbox"/> Tractor with Semi-Trailer 7 <input type="checkbox"/> Tractor with Doubles 8 <input type="checkbox"/> Tractor with Triples 9 <input type="checkbox"/> Unknown Heavy Truck 37 <input type="checkbox"/> Bus (seats 9-15, including driver) 38 <input type="checkbox"/> Bus (seats 15+, including driver) 39 <input type="checkbox"/> Haz Mat Passenger Car 40 <input type="checkbox"/> Haz Mat Light Truck (van, mini van, pickup, sport utility) (10,000 Lbs. or less GVWR)			1 <input type="checkbox"/> Bus (seats 9-15, including driver) 2 <input type="checkbox"/> Bus (seats 15+, including driver) 3 <input checked="" type="checkbox"/> Van/Enclosed Box 4 <input type="checkbox"/> Grain/Chips/Gravel 5 <input type="checkbox"/> Pole 6 <input type="checkbox"/> Cargo Tank 7 <input type="checkbox"/> Flatbed 8 <input type="checkbox"/> Dump 9 <input type="checkbox"/> Concrete Mixer 10 <input type="checkbox"/> Auto Transporter 11 <input type="checkbox"/> Garbage/ Refuse 12 <input type="checkbox"/> Other (Specify) _____ 13 <input type="checkbox"/> Unknown	
HAZARDOUS MATERIAL INVOLVED					BUS USE					
Did vehicle have a Haz Mat Placard? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		Placard Information: 1-Digit Hazard Class Number from bottom of Diamond Placard. 1-Digit No. _____		Was hazardous cargo released? (Do not count fuel from fuel tank) 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		1 <input checked="" type="checkbox"/> Not a Bus 3 <input type="checkbox"/> Charter Bus 5 <input type="checkbox"/> Intercity Bus 7 <input type="checkbox"/> Other 2 <input type="checkbox"/> Transit Bus 4 <input type="checkbox"/> School Bus 6 <input type="checkbox"/> Not Reported				
TRUCK / BUS - 2										
DRIVER (Print or type full name)					CARRIER IDENTIFICATION 1 U.S. DOT			1 ICC MC		
CARRIER NAME (Print or type full name)					GROSS VEHICLE WEIGHT RATING (GVWR) or GROSS COMBINATION VEHICLE WEIGHT RATING (GCVWR) (Combined rating for vehicles and trailers) <input type="checkbox"/> 10,000 Lbs. or Less (Requires Haz Mat Placards) <input type="checkbox"/> 10,001 Lbs. – 26,000 Lbs. <input type="checkbox"/> More than 26,000 Lbs.					
CARRIER ADDRESS (Street or R.F.D.)					CITY, STATE, ZIP					
TRAILER LICENSE PLATE No.		Year		State		VEHICLE CONFIGURATION (Check one)			CARGO BODY TYPE (Check one)	
COMMERCE CLASSIFICATION (Check one) 1 <input type="checkbox"/> Interstate Commerce 2 <input type="checkbox"/> Intrastate Commerce 3 <input type="checkbox"/> Not Applicable		TRUCK WIDTH (Widest part of truck or trailer) 1 <input type="checkbox"/> 96 inches 2 <input type="checkbox"/> 102 inches 3 <input type="checkbox"/> Other (Specify) _____		DRIVER'S LICENSE CLASS CODE A <input type="checkbox"/> M <input type="checkbox"/> B <input type="checkbox"/> O <input type="checkbox"/> C <input type="checkbox"/>		2 <input type="checkbox"/> Single-Unit Truck (10,001–26,000 Lbs. GVWR) 3 <input type="checkbox"/> Single-Unit Truck (Greater than 26,000 Lbs. GVWR) 4 <input type="checkbox"/> Truck Tractor (bobtail) 5 <input type="checkbox"/> Truck with Trailer 6 <input type="checkbox"/> Tractor with Semi-Trailer 7 <input type="checkbox"/> Tractor with Doubles 8 <input type="checkbox"/> Tractor with Triples 9 <input type="checkbox"/> Unknown Heavy Truck 37 <input type="checkbox"/> Bus (seats 9-15, including driver) 38 <input type="checkbox"/> Bus (seats 15+, including driver) 39 <input type="checkbox"/> Haz Mat Passenger Car 40 <input type="checkbox"/> Haz Mat Light Truck (van, mini van, pickup, sport utility) (10,000 Lbs. or less GVWR)			1 <input type="checkbox"/> Bus (seats 9-15, including driver) 2 <input type="checkbox"/> Bus (seats 15+, including driver) 3 <input type="checkbox"/> Van/Enclosed Box 4 <input type="checkbox"/> Grain/Chips/Gravel 5 <input type="checkbox"/> Pole 6 <input type="checkbox"/> Cargo Tank 7 <input type="checkbox"/> Flatbed 8 <input type="checkbox"/> Dump 9 <input type="checkbox"/> Concrete Mixer 10 <input type="checkbox"/> Auto Transporter 11 <input type="checkbox"/> Garbage/ Refuse 12 <input type="checkbox"/> Other (Specify) _____ 13 <input type="checkbox"/> Unknown	
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Did vehicle have a Haz Mat Placard? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		Placard Information: 1-Digit Hazard Class Number from bottom of Diamond Placard. 1-Digit No. _____		Was hazardous cargo released? (Do not count fuel from fuel tank) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		1 <input type="checkbox"/> Not a Bus 3 <input type="checkbox"/> Charter Bus 5 <input type="checkbox"/> Intercity Bus 7 <input type="checkbox"/> Other 2 <input type="checkbox"/> Transit Bus 4 <input type="checkbox"/> School Bus 6 <input type="checkbox"/> Not Reported				
INVESTIGATOR NAME (Print or type) Jason Adams		INVESTIGATOR SIGNATURE Approved by Officer Jason Adams			DEPARTMENT Lincoln Police Department			OFFICER NO. 1195	DATE OF REPORT 09/14/2015	